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Navy & Marine Corps Medical News
#03-03
Jan. 24, 2003

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Surgeon General: "Smallpox Vaccine Best Option To Keep
Us Fit to Fight"

WASHINGTON - On Dec. 13, 2002, our Commander in
Chief, President Bush, announced the start of a national
smallpox vaccination program. Within weeks, an initial
consignment of first responders and selected military
healthcare providers began getting inoculated.

On Jan. 8, 2003, the Marine Corps authorized the
beginning of smallpox vaccinations for designated
Marines on active duty and activated Reserve personnel.

On Jan. 9, 2003, a program to begin vaccination of selected active duty personnel at Navy military treatment facilities was announced.

Over the next many weeks, other service members will also begin to be immunized against this ancient disease. In the hands of terrorists or governments hostile to America and its friends, the smallpox virus may have become a new threat, a contagious, deadly, and disruptive biological weapon.

Protecting our Marines and Sailors from smallpox infection by immunizing them is the most effective and safest option available to keep them fit to fight and win should the unthinkable occur - if it is used as a weapon against us.

All vaccines can cause side effects, but the smallpox vaccine has unique characteristics that require "special handling." As with all vaccines, our military members should be advised about the possible side effects, which include swollen lymph nodes, sore arm, fever, headache, body ache, and fatigue. These "normal" side effects peak 8 to 12 days after vaccination.

However, there may be very rare occasions when serious side effects occur. They will require immediate medical attention.

We in Navy Medicine will have the responsibility of ensuring the vaccine is administered correctly to Marines, Sailors and others under our healthcare umbrella who might be exposed to smallpox. We will need to identify adverse effects and respond with appropriate treatment.

I urge all in Navy Medicine to review the information at DoD's Smallpox Vaccination Program website, www.smallpox.army.mil, as well as information on the Bureau of Medicine and Surgery homepage, bumed.med.navy.mil under "What's News." This will help ensure we have the information and advice necessary for the Line community who will turn to us to address concerns that arise about the vaccine's use and safety.

In short, I send a message I've repeated a number of times since the terrorist attacks of Sept. 11 and the October that followed: Get ready. Standing by is not an option. We must steam to assist.

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SECNAV Sends Farewell Message

From the Honorable Gordon R. England, Secretary of the Navy

WASHINGTON - In leaving this wonderful institution, I am reminded that we in the naval service are heirs to 227 years of history in which Sailors and Marines live and perpetuate our most cherished treasure - patriotic duty to America. To all the men and women in this great service - military and civilian alike - you personify a tireless American spirit that finds hope on every new

horizon.

Your service to America's purpose and security is as vital as ever. Today, we face an unprecedented array of difficult and dangerous challenges around the world. Following our strong president, Americans everywhere are rising to this historic moment using diplomatic, financial, humanitarian and, when necessary, our military might to protect and advance human dignity and freedom.

Everyday when I walk into my office, three paintings constantly remind me of the life of consequence that you have chosen.

On one wall is a rendition of USS Constitution - Old Ironsides - engaged in the U.S. Navy's first major victory at sea in the War of 1812. When I look up from my desk, I see Fleet Adm. Chester Nimitz standing on the deck of USS Missouri (BB 63) as if he is carefully watching the decisions made in this office. Finally, behind my desk is a painting depicting brave Marines and Navy corpsman raising the American flag at Iwo Jima.

Coincidentally, my office faces the Iwo Jima memorial. Felix De Weldon, the memorial's renowned sculptor, best captured our nation's challenges and the Americans who rise to meet them when he said, "Fortunately for this great nation of ours, we have been blessed through heritage and tradition by a limited number of great men, thus far adequate in numbers to our nation's needs in time of great stress."

His words still ring true today for those who wear the cloth of the nation and the two strong leaders of this department, Chief of Naval Operations Adm. Vern Clark and Commandant of the Marine Corps Gen. Mike Hagee. With them in your vanguard, Adm. Clark and Gen. Hagee are shining champions who deal hope for all of us.

This team tradition is the lasting legacy of Adm. Clark and Gen. Jim Jones, Gen. Hagee's predecessor.

From Old Ironsides to Operation Enduring Freedom, brave Americans never rest in defending our ideals, principles and values. For that noble duty, I thank you. As your spirit is tireless, my gratitude is timeless.

I will worry about you when you face danger, and I will salute you when you prevail. I will marvel at your achievements, and I will gain strength from your example. But, after all is said and done, when I take my leave, I will miss you.

God bless you and your families, God bless the Department of the Navy and God bless America.

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CNO Visits Naval Medical Research Unit In Egypt

CAIRO, Egypt - Chief of Naval Operations Adm. Vern Clark, visited U.S. Naval Medical Research Unit Three (NAMRU-3) recently to tour the unit and reenlist Command

Master Chief Joe Diaz.

Diaz will have 42 years of service upon completion of this reenlistment.

The CNO was in Egypt on an official visit at the invitation of Vice Adm. Tamer Abdel-Alim Mohammed, the commander in chief of the Egyptian Navy.

NAMRU-3 was established in Egypt in 1946 to conduct research and surveillance to support military personnel deployed to Africa, the Middle East and Southwest Asia. The researchers also support the evaluation of vaccines, therapeutic agents, diagnostic assays, and vector control measures.

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Comfort Wows Spanish Media; VIPs in Awe

By Chief Journalist Dan Smithyman, U.S. Naval Station Rota

ROTA, Spain - At 894-feet long and weighing more than 70,000 tons, Navy hospital ship USNS Comfort is more than impressive; it's imposing. Painted white with huge red crosses, the ship brings mobile, rapid medical response capability, including acute medical and surgical care, to any potentially hostile area to support American armed forces.

Last week, Comfort pulled into U.S. Naval Station Rota to refuel and take on supplies. While in port, she hosted 22 distinguished visitors, Spanish flag officers and medical officers for a familiarization tour. Comfort also allowed 29 media representatives from all over Spain to board the ship and interview Sailors and medical staff.

Both groups were impressed with what they saw. The media pressed the Comfort staff for answers on why they were here.

"Right now, we're prepositioning in support of President Bush's war on terrorism," said Lt. Cmdr. Stephen Gottlieb, Medical Service Corps, as interpreted by Lt. Yvonne Garcia, Medical Corps, who is bilingual.

Gottlieb, Garcia and a handful of other Spanish-speaking Military Treatment Facility Comfort staff showed visitors the emergency room, which they called a 'casualty assistance center.'

The tour also included visits to an operating room, magnetic resonance imaging facility, helicopter pad, and other facilities.

"We have an X-ray room and CT (computed tomography imaging) scan capability, just like you'd find in any of the best trauma centers in the country," Gottlieb said.

Journalist 2nd Class Jennifer Maurer, the ship's public affairs officer, told the visitors the ship is a floating hospital, making full-size elevators, stairwells and passageways necessary. With a 1,000-bed ward, a morgue and the rest of what was seen on the tour, few could argue Comfort's capabilities.

The only difference is Comfort functions from the sea.

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Camp Pendleton Seeks Medical Professionals as Volunteers
By Kimberly D. Prato, Naval Hospital Camp Pendleton

CAMP PENDLETON, Calif.- Got healthcare skills and some extra time on your hands? The Red Cross and Naval Hospital Camp Pendleton want you.

The hospital is requesting local medical professionals consider becoming Red Cross volunteers, using their special skills and talents to help the full-time paid staff.

"We are always looking for volunteers, and in a possible deployment situation, we would require more volunteers from the local community," said Capt. William Heroman, Medical Corps, the hospital's commanding officer.

According to Lorelei Capuzzi, program services coordinator at the hospital, a Red Cross coordinated volunteer program has been in place for many years at the hospital, but with the current deployment of many Sailors and Marines, additional volunteers with healthcare training would be especially helpful right now.

"I would like to get someone who is committed to helping out their community and the area," said Capuzzi.

Volunteers are being recruited in all the medical professions. Those who might be between jobs or recently retired military or civilians are especially welcome.

Capuzzi said volunteers must fill out an application, and will be required to attend training and orientation, but should be able to start in as little as one week.

"We have no limit to the number of volunteers that we can accept," said Cappuzzi. There are about 75 active volunteers at Naval Hospital Camp Pendleton of which two are medical professionals.

Capuzzi will work with the professional affairs department to provide each volunteer the needed clearance and proper insurance to become a clinical volunteer at the hospital.

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Jacksonville Case Managers Help Patients Navigate System
By Loren Barnes, Naval Hospital Jacksonville

JACKSONVILLE, Fla. - "He has opened the door! That's what he's done. It's just wonderful!"

That's how patient Dolly Simpson described her experience with Naval Hospital Jacksonville Family Practice Case Manager Lt. Matthew Rivera, Nurse Corps. In fact, Simpson, whose doctor is Lt. Sharon Reinertsen, Medical Corps, praises her treatment all around.

"It boosts me up, it really does, to know I have this kind of wonderful care," she said.

Simpson is the widow of a retired Air Force service member. After suffering a stroke in February, Simpson's world changed. Always an independent woman, she now faces months of therapy to come back from significant physical impairments, including paralysis of her right arm and leg as well as speech difficulties. At the same time, she has to deal with the complexities of the health care system while struggling to maintain health coverage on a modest fixed income.

That's where Rivera and Naval Hospital Jacksonville's case management program stepped in.

"Case Management," said Therese A. White, a senior case manager at the hospital, "is the coordination of care for our enrolled population. It's making sure they get the right care, at the right time, in the right place, by the right provider."

White said that's especially important for patients with complex or acute life-threatening medical problems. They need an advocate to help them navigate through the system. Because some care may be provided at the naval hospital, and some "out in town," a case manager can be instrumental in orchestrating care and communicating with the primary care manager.

It's also a time-saver for physicians.

"The time they would spend trying to navigate through health benefits, specialty appointments, billing concerns, getting medications, et cetera, we can save by doing it for them. That's time they can use to see other patients," she said. "While there is an ultimate goal of cost-savings in terms of maximizing physician time, the real goal is to have a good patient outcome in terms of their health."

Rivera was able to streamline Simpson's care by coordinating visits to cardiologists, neurologists, a vascular surgeon, a dietician, and a diabetes specialist in addition to her physical therapy.

"A lot of what we do deals with the social aspect," Rivera said. "Providers don't have the time to really get into that. Whether it is transportation, financial, mental health, family or housing issues, they all play a big part in how the patient is going to be compliant to their treatment."

"It's ineffective if we tell a patient they need to take these medications and follow this treatment plan when they are looking for housing or they don't have the money to get the medication refills."

Rivera said the case manager finds other agencies or social networks that can help meet those needs, so the patient can be successful in the medical treatment plan.

Rivera's intervention allowed Simpson to get physical therapy in her own town rather than commute 30 miles each way twice a week. He also helps coordinate

appointments at the naval hospital so she can accomplish as many of her appointments as possible in each trip. And, he helped resolve a benefits issue by working with the hospital's health benefits advisors to split funding for her therapy between Medicare and TRICARE for Life.

"He got it through. He faxed everything down there and we got a prescription for therapy in one week," said Simpson. "Oh, I'm tickled."

Assignment of a case manager is usually done by primary care manager referral, although self-referral is also an option. Only patients who have TRICARE Prime or TRICARE Plus and active duty personnel with very complex conditions or situations qualify for case management. Patient participation is voluntary and the service is free.

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DT Couples Receive Fleet Marine Force Warfare Pin
By Dentalman Chief Richard Shamp, Branch Dental Clinic
29 Palms, Calif.

CAMP PENDLETON, Calif. - Qualifying for the Fleet Marine Force (FMF) warfare pin takes dedication and commitment. It's not an easy feat, especially while trying to balance other mission readiness priorities and the responsibilities of family life.

Yet that's what two couples from Branch Dental Clinic 29 Palms did recently, showing that marriage can be beneficial to your career.

In August 2002, Dental Technician 3rd Class Keith Watford was awarded his FMF warfare pin. Three months later, his wife Dental Technician 3rd Class Apryl Watford got hers.

In December 2002, Dentalmen Colton and Stefanie Freeman were awarded their FMF warfare pins.

The Watfords, who had been married less than 8 months, studied together and to reach their joint goal. Their next goal is advancement to Dental Technician 3rd Class from the March 2003 exam, followed by the birth of their child this summer.

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Winkenwerder: DoD is Ready to Protect Against Biological Threats

WASHINGTON - Assistant Secretary of Defense for Health Affairs William Winkenwerder Jr. today stated that the U.S. military is prepared to protect its personnel against the use of biological weapons. The Department uses a range of measures to protect service members from biological threats including combinations of protective clothing and equipment, detectors, vaccines, antibiotics and training.

"The Chemical Biological Defense Program's initiatives over the last decade have significantly improved our ability to protect service members from the

effects of biowarfare weapons. Our commanders on the battlefield today have the benefit of those improvements," Winkenwerder said.

DoD's protective measures are strongest against two significant biological threats: anthrax and smallpox. Leaders are also prepared to deal with other biological threats. DoD has supplies of anthrax and smallpox vaccines available to protect its at-risk forces.

"In addition to the vaccines against the most likely biological threats, anthrax and smallpox, DoD has other countermeasures to protect against biological threat agents," Winkenwerder said.

The Department continues to develop enhanced detection, prevention and treatment methods to guard against all biological threats and works cooperatively with other federal agencies, especially the Department of Health and Human Services, private sector and academic researchers and manufacturers to develop new medical countermeasures.

America's troops are well-trained and protected with a robust, multi-layered set of defenses against bioweapons. DoD is committed to developing and fielding the most effective countermeasures to keep our uniformed men and women healthy and safe.

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Healthwatch: Early Detection is Best Prevention for Cervical Cancer

By Aveline V. Allen, Bureau of Medicine and Surgery

BETHESDA, Md. - Monitoring your body can be the best method of ensuring your health. Often early detection is the best prevention. If you are a woman 21 years old or older, let a cervical cancer-screening test be tops on your preventive health calendar this month, as January is National Cervical Health Awareness month.

The American Cancer Society (ACS) defines cervical cancer as cancers that begin in the cervix. The most important risk factor of developing cervical cancer is infection from a sexually-transmitted disease called HPV, or human papilloma virus. Other common risk factors include age, smoking and diet.

"Many women are not aware that there is a strong link between a sexually transmitted virus called HPV and later development of cervical cancer," said Lt. Cmdr. Vince Herrin, Medical Corps, staff oncologist, National Naval Medical Center Bethesda, Md. "This just further strengthens the case we already have for abstinence, monogamy, or at the very least the use of potentially protective barriers such as condoms."

Medical experts report that most newly diagnosed cases of cervical cancer occur in women between 50 and 55 years old. While women in their 50s run the highest risk of developing cervical cancer, it is important for all women to get regular check-ups. Although the

disease may develop in women during their younger years, such as in their 20s, women need to be aware that their chances of getting cervical cancer increases as they age.

"I have seen women in their twenties die from this disease," said Herrin. "This is tragic, since prevention and early detection are relatively simple and effective."

Age is not the only risk. If you smoke, you put yourself at greater risk of getting cervical cancer. Women who smoke are twice as likely to develop cervical cancer than those who do not. By smoking, you are putting your body at risk by possibly spreading cancer-related chemicals to other parts of your body other than just your lungs. The ACS reports that tobacco by-products have been detected in the cervical mucus of women who smoke.

Many women who smoke may feel if they stop, excessive overeating may take the place of satisfying a cigarette habit. However, women beware! If you do not eat a healthy diet, this may also contribute to increased chances of developing cervical cancer. It has been reported that diets low in fruits and vegetables have been linked to increased risks of cervical and many other types of cancer.

Although there are other risks, women can take certain steps to prevent the onset of this disease. An annual test, either the traditional pap or new liquid-base cytology (LBC), and pelvic exam are the key to cervical screening and early detection. Both tests will detect abnormalities in the cervix before cancer may form, and, if diagnosed early, can be prevented or treated to stop it from developing. In addition to these tests, women should also include a pelvic exam as part of their routine well-woman visit each year.

Herrin explained that PAP smears can normally detect early stages of this cancer, or even pre-cancerous changes in the cells. If found early, it can usually be treated with minimally invasive methods.

"The importance of yearly pap smears (or LBC test) beginning at a young age, especially in sexually active females, is high," said Herrin.

This year, according to the ACS, approximately 13,000 women will develop cervical cancer, with about 4,100 who will die from it. Although cervical cancer rates have declined for women as a whole, rates are higher for Hispanic women older than 30 years old.

For more information on cervical cancer health, see www.americancancersociety.org.

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